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## BIB DATA SHEET

CONFIRMATION NO. 4496

<b>SERIAL NUMBER</b> 10/536,804	<b>FILING or 371(c) DATE</b> 11/10/2005 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1642	<b>ATTORNEY DOCKET NO.</b> BJS-620-373
<b>APPLICANTS</b> Magali Williamson, London, GBN, UNITED KINGDOM; John Masters, London, GBN, UNITED KINGDOM; /PR/				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/GB03/05223 11/28/2003				
<b>** FOREIGN APPLICATIONS *****</b> /PR/ UNITED KINGDOM 0227908.1 11/29/2002				
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b>				
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <u>/PETER J REDDIG/</u> Examiner's Signature	<input type="checkbox"/> Met after Allowance <u>Initials</u>	<b>STATE OR COUNTRY</b> GBN	<b>SHEETS DRAWINGS</b> 19	<b>TOTAL CLAIMS</b> <del>39</del> 5
<b>INDEPENDENT CLAIMS</b> <del>6</del> 1				
<b>ADDRESS</b> NIXON & VANDERHYE, PC 901 NORTH GLEBE ROAD, 11TH FLOOR ARLINGTON, VA 22203 UNITED STATES				
<b>TITLE</b> Cancer associated plexinb1 mutations				
<b>FILING FEE RECEIVED</b> 2580	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	